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CONFIRMATION NO. 7134

<b>SERIAL NUMBER</b> 08/661,834	<b>FILING OR 371(c) DATE</b> 06/11/1996 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 45751USA6C
<b>APPLICANTS</b> JOSEPH P. KRONZER, ST. PAUL, MN; JAMES F. DYRUD, ST. PAUL, MN;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/154,989 11/18/1993 ABN which is a DIV of 07/632,964 12/20/1990 PAT 5,307,796  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 07/02/1996				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>add</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> <i>10</i>  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 32692				
<b>TITLE</b> FIBROUS FILTRATION FACE MASK				
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	